

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Barney Frank for Congress Committee

A.

Full Name (Last, First, Middle Initial)

Jill Derby for Congress

Mailing Address PO Box 1901

City
MindenState
NVZip Code
89423-1901Purpose of Disbursement
contribution gCandidate Name
Jill DerbyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: D250467

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Jim Esch for Congress

Mailing Address PO Box 241117

City
OmahaState
NEZip Code
68124-5117Purpose of Disbursement
contributionCandidate Name
Jim EschCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 02

Transaction ID: D252351

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	8

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Jim Himes for Congress

Mailing Address 65 High Ridge Rd
456City
StamfordState
CTZip Code
06905-3800Purpose of Disbursement
contribution for gCandidate Name
Jim HimesCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: D250470

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)